

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44720

STATE FILE NUMBER

Registration District No.

146

Primary Registration District No.

4237

Registrar's No.

566

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Raytown				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Raytown	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9805 Brook Lane				Length of stay in 1b 5 yrs.		d. STREET ADDRESS (If outside, give location) 9805 Brook Lane	
3. NAME OF DECEASED (Type or print) First Patrick Middle James Last Chisholm				4. DATE OF DEATH Month Dec. Day 23 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 23, 1897	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production Mgr.				10b. KIND OF BUSINESS OR INDUSTRY Co. Key Stone Trail		9. AGE (In years last birthday) 60	
11a. FATHER'S NAME Daniel Chisholm				11b. MOTHER'S MAIDEN NAME Sadie Bates		11. BIRTHPLACE (City and state or country) Bertram Minn.	
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				12b. SOCIAL SECURITY NO. 281-18-1684		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. NAME OF HUSBAND OR WIFE Mabel Chisholm				14. ADDRESS Raytown, Mo. 9805 Brook Lane			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO (b) Acute coronary occlusion DUE TO (c) arterio sclerotic Heart disease ? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 4200							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH few hours			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY Great Falls STATE Montana			
21. I attended the deceased from Feb. 2, 1955 to Dec 23/1957 and last saw him alive on Dec 16, 1957 Death occurred at 7:47 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank C. Day D.O.				22b. ADDRESS 4314 29th K.C. Mo		22c. DATE SIGNED 12-24-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-24-57		23c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery		23d. LOCATION (City, town, or county) (State) Great Falls, Montana	
24. FUNERAL DIRECTOR Dixon L. Kepley, Independence, Mo.				25. DATE RECD. BY LOCAL REG. 12-25-57		26. REGISTRAR'S SIGNATURE James Keay	

JAN 9 1958

FEB 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Everett L. Seal*

Licensed Embalmer No. *4864*

P. O. Address *Danvers City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.